

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/577424

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3	1		1			
4	1		1			
5			1			
6	1		1			
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11	1		1			
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TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←	12	←		←	
TOTAL CLAIMS		14				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓			↓	
TOTAL DEP.	←	12	←		←	
TOTAL CLAIMS		14				